



Division of Laboratory Services
630 Hart Lane
Nashville, TN 37216
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

Disease/Agent Suspected or Test Requested:

Bacillus anthracis

Provider Requirements	<ul style="list-style-type: none">• Isolate Submission REQUIRED.• Contact Bioterrorism laboratory before submission.
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none">• Culture isolate• Lesion• Sputum• Tissue aspirate fluid• Blood culture
TDH Requisition Form Number	PH-4263
Media Requirements	Contact Bioterrorism laboratory
Special Instructions	<i>Bacillus cereus</i> Biovar <i>anthracis</i> will also be ruled out on <i>B. anthracis</i> sample submissions
Shipping Instructions	Contact Bioterrorism laboratory prior to shipment
Laboratory Section Performing Testing	Bioterrorism
Lab Location(s) Performing Test	Nashville; Knoxville; Shelby County Health Department

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).